## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10,646323

|  |                                  |   |                      | 101040                |               |                  |          |                   |                        |               |                            |                        |
|--|----------------------------------|---|----------------------|-----------------------|---------------|------------------|----------|-------------------|------------------------|---------------|----------------------------|------------------------|
|  |                                  | CLAIMS AS                               | S FILED -<br>(Column |                       | (Column 2)    |                  |          | SMALL ENTITY TYPE |                        | OR            | OTHER THAN OR SMALL ENTITY |                        |
| TOTAL CLAIMS   |                                  |   | 25                   |                       |               |                  |          | RATE              | FEE                    |               | RATE                       | FEE                    |
| FOR  |                                  |   | NUMBER FILED         |                       | NUMBER EXTRA  |                  | ВА       | ASIC FEE          | 375.00                 | OR            | BASIC FEE                  | 750.00                 |
| TOTAL CHARGEABLE CLAIMS  |                                  |   | 25 minus 20=         |                       | * .5          |                  |          | X\$ 9=            | 45                     | OR            | X\$18=                     | 70                     |
| INDEPENDENT CLAIMS   |                                  |   | 2 minus 3 =          |                       | *             |                  |          | X42=              |                        | OR            | X84=                       |                        |
| MU   | LTIPLE DEPEN                     | DENT CLAIM P                            | RESENT               |                       |               |                  | T.       | +140=             |                        | OR            | +280=                      |                        |
| * If the difference in column 1 is less than zero, enter "0  |                                  |   |                      |                       |               | olumn 2          |          | OTAL              | HAD                    | OR            | TOTAL                      |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)   |                                  |   |                      |                       |               |                  |          | MALL I            | ENTITY                 | OR            | OTHER<br>SMALL             |                        |
| (Column 1)   |                                  |   |                      | HIGH                  |               | (Column 3)       | _        |                   |                        | ı             |                            |                        |
| AMENDMENT A  |                                  | REMAINING<br>AFTER<br>AMENDMENT         |                      | NUM<br>PREVIO<br>PAID | BER<br>OUSLY  | PRESENT<br>EXTRA |          | RATE              | ADDI-<br>TIONAL<br>FEE |               | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total                            | *                                       | Minus                | **                    |               | =                | :        | X\$ 9=            |                        | OR            | X\$18=                     |                        |
|  | Independent                      | *                                       | Minus                | ***                   |               | =                |          | X42=              |                        | OR            | X84=                       |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                                  |   |                      |                       |               |                  |          | +140=             |                        | OR            | +280=                      |                        |
| 21   |                                  |   |                      |                       |               |                  |          | TOTAL             |                        | OB            | TOTAL<br>ADDIT, FEE        |                        |
|  |                                  | (Column 1)                              |                      |                       | DIT. FEE      |                  |          | ADDII. FEE        |                        |               |                            |                        |
|  |                                  | CLAIMS                                  | 1                    | (Colu                 |               | (Column 3)       | 1 -      |                   | ADDI                   |               |                            | ADDI                   |
| m  |                                  | REMAINING                               |                      | NUM                   | BER           | PRESENT          | 11.      |                   | ADDI-                  | 0             | D                          | ADDI-                  |
| 臣  |                                  | AFTER                                   |                      | •                     | OUSLY         | EXTRA            | 100      | RATE              | TIONAL                 | men i e e e e | RATE                       | TIONAL                 |
| AMENDMENT  |                                  | AMENDMENT                               |                      | PAID                  | FOR           |                  | 1  -     |                   | FEE                    |               |                            | FEE                    |
|  | Total                            | *                                       | Minus                | **                    |               | =                | l L      | X\$ 9=            |                        | OR            | X\$18=                     |                        |
|  | Independent                      | *<br>NTATION OF M                       | Minus                | ***                   | T CL AIM      | 1= -             | 1        | X42=              |                        | OR            | X84=                       |                        |
| <u> </u>   | THOTTHEOL                        | NATION OF W                             | OCIII EC DE          | LIVELIV               | OLAM          |                  | J .      | +140=             |                        | OR            | +280≃                      |                        |
|  |                                  |   |                      |                       |               |                  |          | TOTAL<br>DIT. FEE |                        | OR            | TOTAL<br>ADDIT. FEE        |                        |
|  | (Column 1) (Column 2) (Column 3) |   |                      |                       |               |                  |          |                   |                        |               |                            |                        |
|  |                                  | CLAIMS                                  |                      |                       | HEST          |                  | T        |                   | ADDI-                  |               |                            | ADDI-                  |
| 12   |                                  | REMAINING<br>AFTER                      | 1                    |                       | MBER<br>OUSLY | PRESENT          | 11.      | RATE              | TIONAL                 | 1.            | RATE                       | TIONAL                 |
| IZ.  |                                  | AMENDMENT                               |                      |                       | FOR           | EXTRA            |          | TORICE.           | FEE                    |               | 10.12                      | FEE                    |
| AMENDMENT C  | Total                            | *                                       | Minus                | **                    |               | =                |          | X\$ 9=            |                        | OR            | X\$18=                     |                        |
|  | Independent                      | *                                       | Minus                | ***                   |               | =                | 11       | X42=              | 1                      | OR            | X84=                       |                        |
| Ľ  | FIRST PRESE                      | NTATION OF M                            | IULTIPLE DEPENDEN    |                       | T CLAIM       |                  | 1        |                   |                        |               |                            |                        |
| # 15 About 1 and 1 |                                  |   |                      |                       |               |                  |          |                   |                        | OR            | +280=                      |                        |
| ·, **  | If the "Highest Nu               | mber Previously F                       | Paid For" IN TH      | IS SPACE              | is less tha   | an 20, enter "20 | ." AD    | TOTAL<br>DIT. FEE |                        | OR            | TOTAL<br>ADDIT, FEE        |                        |
|  |                                  | imber Previously I<br>nber Previously P |                      |                       |               |                  | er found | in the ap         | propriate bo           | x in co       | olumn 1.                   |                        |